

Fill in this information to identify the case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXASCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy**04/16**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **Saldivar Home Health Inc.**
2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) **4 3 - 1 9 9 3 0 4 0**
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business |
|--|---|
| 9862 Lorene Ste. 101
Number Street | P.O. Box 3531
Number Street |
| _____ | P.O. Box _____ |
| _____ | _____ |
| San Antonio TX 78216
City State ZIP Code | Alice TX 78333
City State ZIP Code |
| Bexar
County | Location of principal assets, if different from principal place of business |
| | Number Street _____ |
| | _____ |
| | City State ZIP Code _____ |
5. Debtor's website (URL) **www.scstx.us**
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

A. Check one:

B. Check all that apply:

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

Check one:

☒ Chapter 11. Check all that apply:

Chapter 12

☒ No

Debtor **Saldivar Home Health Inc.**

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☒ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Saldivar Home Health Inc.**

Case number (if known) _____

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
15. Estimated assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
16. Estimated liabilities
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **11/08/2016**

MM / DD / YYYY

X /s/ Basil P. Casteleyn Jr.

Signature of authorized representative of debtor

Basil P. Casteleyn Jr.

Printed name

Title **COO**

18. Signature of attorney

X /s/ Dean W. Greer

Signature of attorney for debtor

Date **11/08/2016**

MM / DD / YYYY

Dean W. Greer

Printed name

Dean W. Greer

Firm name

2929 Mossrock, Suite 117

Number Street

San Antonio

City

TX

State

78230

ZIP Code

(210) 342-7100

Contact phone

dwgreer@sbcglobal.net

Email address

08414100

Bar number

State

Fill in this information to identify the case:Debtor name Saldivar Home Health Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Palmetto GBA LLC 8300 Springdale Drive Camden South Carolina 29020		Business Debt	Disputed			\$2,964,025.00
2 Internal Revenue Service PO Box 7346 Philadelphia PA 19101-7346		Taxes				\$300,000.00
3 Walsh Anderson Brown Gallegos & Green PO Box 2156 Austin TX 78768		Business Debt				\$65,169.70
4 Direct Rehab Inc 1635 NE Loop 410 Ste 506 San Antonio TX 78209		Business Debt				\$19,455.00
5 Moreno Physical Therapy 3632 Josefina Dr. Laredo TX 78041		Business Debt				\$16,300.00

Debtor

Saldivar Home Health Inc.

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6 Alianz Medical Inc. 9858 Gades Road Ste D3-114 Boca Raton FL 33434		Business Debt				\$15,372.26
7 Gulf South Medical Supply PO Box 841968 Dallas TX 75284-1968		Business Debt				\$9,560.79
8 Palmier Comprehensive Physical Therapy 3115 W Alberta Rd. Edinburg TX 78539		Business Debt				\$9,350.00
9 RGV Therapists PC 1617 E Tyler Avenue Ste F Harlingen TX 78550		Business Debt				\$5,319.67
10 Allegro Medical 360 Veterans Pkwy Ste 115 Bolingbrook IL 60440		Business Debt				\$3,487.57
11 Homeline Medical Inc 14906 Collections Center Dr. Chicago IL 60693		Business Debt				\$3,066.52
12 Laredo Sports Medicine Clinic 9652 McPherson Ste 12 Laredo TX 78045		Business Debt				\$1,880.00
13 Elizabeth H Hogur Esq. 107 Guilford Summerville SC 29483		Business Debt				\$1,680.00

Debtor **Saldivar Home Health Inc.**
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Homecare Dimensions Inc 12500 Network Blvd. # 210 San Antonio TX 78249-3301		Business Debt				\$1,637.96
15	American Specialty Advertising 899 Skokie Blvd Ste 112 Northbrook IL 60062		Business Debt				\$1,248.57
16	HomeCare Medical Equipment 401 Flournoy Rd Alice TX 78332		Business Debt				\$1,156.90
17	Decision Health PO Box 9405 Gaithersburg MD 20898-9405		Business Debt				\$826.85

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

IN RE: **Saldivar Home Health Inc.**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/8/2016

Signature /s/ Basil P. Casteleyn Jr.
Basil P. Casteleyn Jr.
COO

Date _____

Signature _____

Alianz Medical Inc.
9858 Gades Road Ste D3-114
Boca Raton FL 33434

Allegro Medical
360 Veterans Pkwy Ste 115
Bolingbrook IL 60440

American Specialty Advertising
899 Skokie Blvd Ste 112
Northbrook IL 60062

Attorney General of the U.S.
10th & Const. Ave. N.W.#5111
Washington, D.C. 20530

Decision Health
PO Box 9405
Gaithersburg MD 20898-9405

Direct Rehab Inc
1635 NE Loop 410 Ste 506
San Antonio TX 78209

Elizabeth H Hogur Esq.
107 Guilford
Summerville SC 29483

Gulf South Medical Supply
PO Box 841968
Dallas TX 75284-1968

Homecare Dimensions Inc
12500 Network Blvd. #210
San Antonio TX 78249-3301

HomeCare Medical Equipment
401 Flournoy Rd
Alice TX 78332

Homeline Medical Inc
14906 Collections Center Dr.
Chicago IL 60693

Internal Revenue Service
PO Box 7346
Philadelphia PA 19101-7346

Internal Revenue Service
P. O. Box 21126
Philadelphia, PA 19114

Laredo Sports Medicine Clinic
9652 McPherson Ste 12
Laredo TX 78045

Moreno Physical Therapy
3632 Josefina Dr.
Laredo TX 78041

Palmetto GBA LLC
8300 Springdale Drive
Camden South Carolina 29020

Palmier Comprehensive Physical Therapy
3115 W Alberta Rd.
Edinburg TX 78539

RGV Therapists PC
1617 E Tyler Avenue Ste F
Harlingen TX 78550

U. S. Attorney/IRS
601 N. W. Loop 410, Suite 600
San Antonio, Texas 78295-1539

U. S. Trustee
615 E. Houston St. Room 533
San Antonio, Texas 78205

Walsh Anderson Brown Gallegos & Green
PO Box 2156
Austin TX 78768